DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: CAMILLUS COURT WEST (310109)
Address: 530 N 103RD ST, WAUWATOSA, WI 53226

License Status: REGULAR

Licensed/Certified/Registered 12/17/1989

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0095698 End Date: 10/05/2005 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091273 End Date: 09/26/2003 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008609 Served 10/21/2003

Deficiencies Cited Subject Area Subject Area Corrected

83.33(2)(g)1 HEALTH MONITORING-COMMUNICABLE DISEASE

83.42(3)(e) QUARTERLY FIRE DRILLS

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Complaint History

Date Complaint Received: 09/08/2005 Date Investigation Completed: 10/05/2005

Subject Area(s) Result SOD #

SUPERVISION NOT SUBSTANTIATED MEDICATIONS NOT SUBSTANTIATED